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Editorial

Geriatric oral health: An oral physician's prospective

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Health is not only a moral obligation and a basic human right. Health is pure and sound economics.

Dr. Gro Brundtland

Aging is a progressive, intrinsic, and universal process that occurs in every living being as the result of the interaction between individual's genetics and the environment. Gerodontology is the branch of dental science which is 'concerned with the effects of aging upon the occurrence, prevention and treatment of dental disease' while Geriatric Dentistry emphasizes dental care for the elderly population and focuses upon patients with chronic physiological, physical and/or psychological changes or morbid conditions/diseases. Elderly in the world population is expected to increase rapidly from 10.0% in year 2000 to 15.0% in 2025 and 21.1% in 2050. The 70% of the world's Geriatric population are and will be in developing countries. Geriatric population in India is projected to reach 149 million by the year 2023, a drastic increase from 81 million in 2002.¹

Brazil was the first country in the world to recognize & establish the speciality of Geriatric dentistry in 2001. According to WHO, most developed countries have accepted the chronological age of 65 years and above as a definition of 'elderly' or older people. According to Ettinger RL et al.,² aging population can be categorized into three Broad functional groups: 1. Functionally independent older

adults 2. Frail older adults 3. Functionally dependent older adults. In dentistry, a functional definition of an elderly adult is based on his or her ability to travel to seek services. The dental management of the elderly population is different from that of the general population because special considerations for:

1. Age-related physiological changes
2. Complications of chronic condition/therapy,
3. Increased incidence of physical/mental disabilities, and
4. Social concerns are required.
5. Oral physician (Oral Medicine & Radiology specialist) with complete understanding of Biomedical Sciences and Clinical Medicine is the most appropriate health professional to meet the oral health care needs of elderly, as well as for other medically and/or pharmacologically compromised individuals. As human beings age, the oral mucosa becomes more permeable to toxic substances and more vulnerable to external carcinogens. The oral epithelium has been reported to become thinner with age and collagen synthesis by connective tissue decreases. As a result, decreased tissue regeneration and disease resistance would be expected. In due course of old age body tissues get harder, collection of waste products in body cells and loss of lubrication leads to impaired functions of various organs. The poor oral health of elders is evidenced by high levels of tooth loss,

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dental caries and periodontal disease, accompanied by other conditions such as benign mucosal lesions, pre-malignant lesions and oral cancer.

Adequate nutrition is a vital factor in promoting the health and wellbeing of the aged. Inadequate nutrition may contribute to an accelerated physical and mental degeneration. Poor oral health can be a detrimental factor to nutritional status and health. Disorders of the oral cavity have contributed to poor eating habits in the elderly. Appetite and food intake may also decrease, leading to an insufficient caloric intake and frequently results in insufficient consumption of Calcium, Iron and Zinc more frequently in females. The caloric requirements usually decrease in the elderly because of a decline in the basal metabolic rate, brought on by reduced lean muscle mass and lower exercise levels. A compromised nutritional status, in turn can further undermine the integrity of the oral cavity.³ Of added concern may be the presence of systemic disease that not only influences the patient's ability to maintain oral hygiene and promotion of oral health, but can actually be related to the occurrence of certain oral diseases. OSCAR is a multidimensional assessment tool for planning oral healthcare for the older patient, which has been developed by the American academy of Oral Medicine. This tool is called OSCAR, a five item mnemonic for Oral, Systemic, Capability, Autonomy and Reality. OSCAR serves to guide dentist in identifying the dental, medical, pharmacological, functional, ethical and fiscal factors that need to be considered before dental treatment of older patients.⁴

Also with age the normal anatomical variants of oral mucosa like Sublingual varicosities, Fordyce granules, Geographical tongue and coated tongue become more prominent.⁵ The dentist as health professional dealing with oral problems should be aware of the possible


diverse condition of the oral mucosa in elderly population and making assessment of the condition of oral health should always be integrated to the physical assessment of the elderly to ensure holistic geriatric patient care. Geriatric medicine is in its infancy and geriatric dentistry is almost non-existent in India. There is an urgent need to develop these specialties to utilize the great human resource available in India to meet the challenges of health care needs of the elderly in the 21st Century.

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